U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 6413

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

3. Name and address of person filing.  Name   Jerry   R   Arms		1 / 1 / 2004 Through: 12 / 31 / 2004		
Labor Organization File Number (019-552)  P.O. Box, Bidg., Room No., If any  Street 10307 Cielito Lindo NE  City Albuquerque  City Albuquerque  City Albuquerque  State New Mexico  ZiP Code+4 87111-3629  State New Mexico  ZiP Code+4 87111-3629  State New Mexico  ZiP Code+4 87106-4335  Position in labor organization.  Training Coordinator & Trustee  Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  A. Hature of Interest, Transaction, or income.  7.a. Nature of Interest, Transaction, or income.  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  7.b. Amount.  Street  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
P.O. Box, Bidg., Room No., If any  Street 10307 Cielito Lindo NE  Street 2300 Buena Vista SE  City Albuquerque  State New Mexico  ZIP Code + 4 87111 - 3629  State New Mexico  ZIP Code + 4 87111 - 3629  State New Mexico  ZIP Code + 4 87111 - 3629  Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A Heid an interest in, engaged in transactions (including loans) with, or derived income or other exonomic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  9. Name and address of Employer (including trade name, if any).  Tade Name, if any:  Street  City  State  ZIP Code + 4  T.b. Amount.  Training Coordinator & Trustee  7.b. Amount.  Training Coordinator of Trustees  Tansaction, or income.  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned skinwided and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Name Jerry R Arms	Name Sheet Metal Workers LU NO. 49		
Street 10307 Cielito Lindo NE Street 2300 Buena Vista SE  City Albuquerque State New Mexico ZIP Code + 4 87111 - 3629 State New Mexico ZIP Code + 4 87106 - 4335  5. Position in labor organization.  Training Coordinator & Trustee  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed Application in the instructions of the instructions of the instructions of the instructions.)		Labor Organization File Number 019-552		
City Albuquerque  State New Mexico  ZIP Code +4 87111-3629  State New Mexico  ZIP Code +4 87111-3629  State New Mexico  ZIP Code +4 87106-4335  5. Position in labor organization.  Training Coordinator & Trustee  Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Signature  Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigneds knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed Aman On 06/10/2004   505-266-5878	P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Suite 110		
Slate New Mexico ZIP Code + 4 87111-3629 State New Mexico ZIP Code + 4 87106-4335  5. Position in labor organization.  Training Coordinator & Trustee  Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Hold an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  7.b. Amount.  Street  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed Approach 1. Signature 2. Signature 2. Signature 3. Signature	Street 10307 Cielito Lindo NE	Street 2300 Buena Vista SE		
5. Position in labor organization.  Training Coordinator & Trustee  Enter appropriate data below If, during the peat fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other encommic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  Street  City  Signature  16. Signature and verification. The undersigned declares, under penalty of Penjruy and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed   On 06/10/2004 505-266-5878	City Albuquerque	City Albuquerque		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  7.b. Amount.  Street  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed   On 06/10/2004 505-266-5878	State New Mexico ZIP Code + 4 87111-362	29 State New Mexico ZIP Code + 4 87106-4335		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  7.b. Amount.  Street  City  State  ZIP Code + 4   15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed   Amama  On 06/10/2004  505-266-5878	5. Position in labor organization.  Training Coordinator & Tru	istee		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  8. Signature  15. Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Enter appropriate data below If, during the past fiscal year, you or your (except as specified in the e	r spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):		
7.a. Nature of Interest, Transaction, or Income.  7.a. Nature of Interest, Transaction, or Income.  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.c. Amount.  8. Street  8. Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed Amage Amage On 06/10/2004 505-266-5878	A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize	n, or derived income or other economic benefit of ization represents or is actively seeking to represent		
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  City  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed Ama On 06/10/2004 505-266-5878				
P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  City  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed Ama Mon 06/10/2004 505-266-5878	Name			
Street  City  State  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed Ama Mon 06/10/2004 505-266-5878	Trade Name, if any:			
State  Signature  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed Approx On 06/10/2004 505-266-5878	P.O. Box, Bldg., Room No., if any			
Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed   On 06/10/2004 505-266-5878	Street	7.b. Amount.		
Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed   On 06/10/2004 505-266-5878	Chr			
Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed On 06/10/2004 505-266-5878	City			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On  06/10/2004  505-266-5878	State ZIP Code + 4			
Signed On 06/10/2004 505-266-5878	s	Signature		
503-266-3676	agoniting in pile report (illefidulid file illigittialid) colliaided in any secomb	DRIVING (IOCUMENTS) has been evamined by the circusters and in the think her a		
503-266-3676	Signed Occa Proma	On 05/10/2004 For occ 700		
	- Journa			

Name of Person Filing Jerry Arms		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name International Training Institute  Trade Name, if any: ITI  P.O. Box, Bldg., Room No., if any Suite 240  Street 601 N. Fairfax St  City Alexandria  State Virginia ZIP Code+4 22314	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	tion		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name International Training Institute  Trade Name, if any: ITI  P.O. Box, Bldg., Room No., if any Suite 240  Street 601 N. Fairfax St  City Alexandria  State Virginia ZIP Code +4 22314	11.a. Nature of such deali Attended TF Filter  11.b. Approximate dollar valu  12.a. Nature of interest hek Lodging paid on Travel Paid on my Per Diem Check \$20	ation Class  De of such dealing. \$788  Id or income received.  The my behalf \$271  Dehalf \$318		
C. Received from any employer (other than an employer covered unde	12.b. Amount.	\$200		
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4	or other thing of value.  14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			